

# 415

# Initial Notification for Compression Ignition Engines<sup>a</sup>

REC'D

NESHAP for Reciprocating Internal Combustion Engines
40 Code of Federal Regulations (CFR) 63.6580 – 63.6675 (Subpart ZZZZ)

SEP 02 2010 APCO

# **Facility Information**

Name of Firm/Company:	Facility Name (if d	lifferent):		Facility Number (if known):	
DES MOINES WATER WORKS	HAZEN BOOSTEI	HAZEN BOOSTER STATION			
Equipment Location - Street:		City:		State:	Zip:
4800 HICKMAN RD			MOINES	IA	50310
Mailing Address (if different):	,	City:		State:	Zip:
2201 GEORGE FLAGG PKWY		DES	MOINES	IA	50321
Person to Contact:	Phone number:		Email (if a	vailable):	
DOUGLAS OSCARSON	515-283-8708 osca		oscarson@	dmww.com	

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☐ Major source: potential or actual	emissions greater	than 10 tons	of any sin	ngle hazardous	air pollutant
(HAP) or 25 tons of a combination	of HAP				

Area source: potential and actual emissions below major source levels

## **Identification of Standard**

This is an example of the type of information that must be submitted to fulfill the Initial Notification requirement of 40 CFR 63. Subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
4FD00188	CAT G3406	YES	1991	1991	305
				:	

Existing units: Initial notifications are required to be submitted by August 31, 2010 for the following:

Area sources: Non-emergency engines > 300 bhp, installed before June 12, 2006

Major sources: Non-emergency engines > 500 bhp, installed before December 19, 2002, and

Non-emergency engines > 100 and  $\le 500$  bhp, installed before June 12, 2006

New units: Initial notifications are required to be submitted within 120 days of startup for the following:

Major sources: All engines > 500 bhp installed on or after December 19, 2002

## Signature

	Responsible Official Certification							
	☐ I certify the truth, accuracy, and completeness of this notification.							
Respo	onsible Official Name	Responsible Official Signature	Date					
Doug	glas Oscarson	Douber Oscar	08/30/2010					

Submit this notification to the following agencies:

- Director, Air and Waste Management Division, U.S. Environmental Protection Agency, 901 N. 5th Street, Kansas City, KS 66101
- NESHAP Coordinator, Iowa Department of Natural Resources, 7900 Hickman, Suite 1; Windsor Heights, 1A, 50324
- If the facility is located in either Linn County or Polk County, this notification shall <u>also</u> be submitted to the appropriate county office:

**Polk County Public Works** – Air Quality Division 5885 NE 14<sup>th</sup> Street; Des Moines, IA 50313

Linn County Public Health - Air Quality Division 501 13th Street NW; Cedar Rapids, 1A 52405



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NESHAP for Reciprocating Internal Combustion Engines SEP 0.2 2010 40 Code of Federal Regulations (CFR) 63.6580 – 63.6675 (Subpart ZZZZ)

# **Facility Information**

Name of Firm/Company:	1		Facility Num known):	ıber (if	
DES MOINES WATER WORKS	POLK COUNTY B	OOSTEI	R STATION		
Equipment Location - Street:		City:		State:	Zip:
6071 NE 14 ST  Mailing Address (if different):		DES I	MOINES	IA State:	50313 Zip:
2201 GEORGE FLAGG PKWY		DES	MOINES	IA	50321
Person to Contact:	Phone number:		Email (if a	vailable):	
DOUGLAS OSCARSON	515-283-8708		oscarson@	dmww.com	

This facility is a (please choose one	This	facility	is a	(please	choose	one	)
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☐ Major source: potential or actual	emissions greater than	10 tons of any	single hazardous a	ir pollutant
(HAP) or 25 tons of a combination of	of HAP			

Area source: potential and actual emissions below major source levels

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Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
37125554	CUMMINS KTTA19G2	YES	1990	1990	750

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Major sources:

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Responsible Official Name Responsible Official Signature Date								
Doug	las Oscarson	Doulas Occars	08/30/2010					

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**NESHAP for Reciprocating Internal Combustion Engines** 

40 Code of Federal Regulations (CFR) 63.6580 – 63.6675 (Subpart ZZZZP) 12 2010

# **Facility Information**

APCO

Name of Firm/Company:	Facility Name (if different):		Facility Number (if known):		
DES MOINES WATER WORKS	NOLLEN BOOSTE	R STAT	TION	!	
Equipment Location - Street:	THE DEBTY BOOK I	City:	1011	State:	Zip:
2569 HULL AVE		DES	MOINES	IA	50317
Mailing Address (if different):	Mailing Address (if different):			State:	Zip:
2201 GEORGE FLAGG PKWY		DES	MOINES	IA	50321
Person to Contact:	Phone number:		Email (if av	ailable):	
DOUGLAS OSCARSON	515-283-8708	oscarson@dmww.com			
This facility is a (please choose one):					
☐ Major source: potential or actual e (HAP) or 25 tons of a combination of	_	10 tons	of any single	hazardous air j	pollutant
Area source: potential and actual e	missions below major	r source l	evels		

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Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
4PM00259	CAT 3406	YES	1995	1995	449

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Doug	las Oscarson	Daylor Oscaro	08/30/2010				

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# NESHAP for Reciprocating Internal Compusion 2 2 2 2010

REC'D

## **Facility Information**

APCO

Name of Firm/Company:	Facility Name (if different):			Facility Number (if known):	
DES MOINES WATER WORKS	MCMULLEN TREA	TMEN	T PLANT		
Equipment Location - Street:		City:		State:	Zip:
12223 S.W. Maffitt Lake RD Mailing Address (if different):		CUMI	MING	IA State:	50061 Zip:
Walling Address (II different).		City.		State.	Zip.
2201 GEORGE FLAGG PKWY		DES N	MOINES	IA	50321
Person to Contact:	Phone number:		Email (if av	ailable):	
DOUGLAS OSCARSON 515-283-876			oscarson@d	mww.com	

This	facility	is a	(nlease	choose	one)
Y IIIO	ideliti	10 u	( prouse	0110030	OHIO

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Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
07RN00781	CAT 3516	NO	2000	2000	2628
07RN01011	CAT 3516	NO	2000	2000	2628

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40 Code of Federal Regulations (CFR) 63.6580 – 63.6675 (Subpart ZZZZ)

APCO

# **Facility Information**

Name of Firm/Company:	Facility Name (if d	Facility Name (if different):			iber (if
DES MOINES WATER WORKS	L.P. MOON PUME	STATIO	ON		
Equipment Location - Street:		City:		State:	Zip:
2501 NW 156th ST		CLIV	E	IA	50325
Mailing Address (if different):		City:		State:	Zip:
2201 GEORGE FLAGG PKWY		DES	MOINES	IA	50321
Person to Contact: Phone number:		er: Email (i		vailable):	
DOUGLAS OSCARSON	515-283-8708	8 oscarson		n@dmww.com	

	Major	source:	potential	or actu	al emission:	s greatei	than	101	tons c	of any	single	hazard	ous ai	r poll	utant
(H	AP) or	25 tons	of a com	binatio	n of HAP										

Area source: potential and actual emissions below major source levels

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Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
24Z06523	CAT 3512	NO	1995	1995	1105
0C3G00381	CAT 3456	NO	2005	2005	764

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		Doylas Oscars	08/30/2010				

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SEP 02 2010 APCO

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Name of Firm/Company:	Facility Name (if di	Facility Name (if different):			iber (if	
DEG MONIEG WATER WORKS						
DES MOINES WATER WORKS						
Equipment Location - Street:		City:		State:	Zip:	
224 FLEUR DR.		DES	MOINES	IA	50321	
Mailing Address (if different):		City:		State:	Zip:	
2201 GEORGE FLAGG PKWY		DES	MOINES	IA	50321	
Person to Contact: Phone number:			Email (if available):			
	·					
DOUGLAS OSCARSON	515-283-8708	515-283-8708 oscars		on@dmww.com		

This	facility	is a	(please	choose	one)
Y 1110	1401111	10 4	(prease	0110000	Olio,

☐ Major source: potential or actual	emissions greater than	10 tons of any single	e hazardous air pollutant
(HAP) or 25 tons of a combination of	of HAP		

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Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
9RC00050	CAT 3612	NO	1989	1989	5105
65 KL 1120	EMD 567 D4	YES	1966	1965	1675
				1	

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Responsible Official Name		Responsible Official Signature	Date		
Douglas Oscarson		Doylo, Cscars	08/30/2010		

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